

## INVESTIGATION OF THE LIFE QUALITY OF WOMEN IN ANKARA ACCORDING TO THEIR PARTICIPATION IN PHYSICAL ACTIVITY

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### ABSTRACT

**Introduction:** Exercising regularly and participating in physical activity improves endurance by strengthening the cardiovascular system as well as muscle strength and flexibility. Regular physical exercise is also beneficial for mental health. The aim of this study is to examine the effects of joining a physical exercise program in female participants in terms of age, marital status, education level, welfare level, frequency of participation in physical activity, general health status, physical appearance and life quality.

**Material and method:** A quantitative method was used in the research. The population of the study consists of women over the age of 18 who live in Ankara who regularly attend sport centres. The study group consisted of 355 women who were collected by easy sampling, within a total sample of 7500 women over the age of 18, members of 15 B-fit sports centres operating in different regions of Ankara. In order to evaluate the life quality of the research group, the "Life Quality" scale developed by the World Health Organization (WHO) (1998) and adapted by Sevil into Turkish was used as data collection tool. The scale has five sub-dimensions and consists of 23 questions. As the data showed normal distribution, T-test was used for binary comparisons, Anova for multiple comparisons, and LSD test was used to determine the source of the differences.

**Results:** The majority of the women participating in the study were between 36-44 years old, married and graduate. The majority of women exercised occasionally. Welfare, health status and physical appearance were intermediate. It was determined that women attribute importance to health status and physical appearance.

**Conclusion:** It was found that the life quality of the women with good welfare level was higher and was concluded that the quality of life increased as the physical activity level increased.

**Keywords:** Physical activity, life quality, participation in physical activity.

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### Introduction

Nowadays, living by increasing the quality of life has become an important matter. Nutrition and physical activity are the main factors in order to age healthily and minimize the health risks that may occur due to aging<sup>(1-3)</sup>. Physical activity can be defined as physical movements that require energy above the basal level as a result of the contraction of skeletal muscle<sup>(4,5)</sup>. Experts who work on the quality of life state that exercise and physical evaluation, play an important role in quality of life.

Through regular physical activities of the participants, intellectual, social, psychological, physiological and psychological well-being are also being

developed. Physical activities can improve the quality of life by interacting with social and psychological variables when chosen correctly<sup>(6)</sup>. Quality of life is influenced by cultural, social and physical factors. Improvement in physical and psychological quality of life is observed with exercise. Regular exercise is associated with quality of life in the old, the young and people with different health conditions<sup>(7)</sup>. One of the most important benefits of regular exercise and participation in physical activity is keeping the body in a positive aesthetic condition<sup>(8)</sup>.

The contribution of regular physical activities to healthy and quality lifestyle can be summarized as: prevention of coronary artery and vascular disease, prevention of high blood pressure and chole-

terol levels, capacity building of heart and lungs, muscle strengthening and flexibility development, joint mobility, strengthening bony tissue, strengthening the body's defence mechanism against diseases (immune system), regulating and controlling body weight, increasing self-confidence, reducing stress-related diseases by reducing stress, reducing fatigue and pain complaints<sup>(9-12)</sup>. In addition, regular exercise is beneficial for mental health<sup>(13)</sup>.

Therefore, this study aims to examine the effects of age, marital status, level of education and welfare, frequency of participation in physical activity, general health status, physical appearance and life quality in female participants joining a physical exercise class.

## Methods

A quantitative method was used as a research model. For this purpose, relational screening model which is one of the general screening patterns was conducted. The screening model is a research theory that aims to present a past or present situation as it exists. The research model aims to investigate the effects of women's participation in sports activities on leisure satisfaction and quality of life<sup>(14, 15)</sup>. The population of the study consists of women over the age of 18 who live in Ankara and attend a sport centre regularly. The study group consisted of 355 women who were collected by convenience sampling from 15 B-fit sports centres from a total sample of 7500 women over the age of 18years old.

### Data Collection tool

Data collection consisted of two parts. In the first part, a form containing personal information was administered and in the second part, the "Life Quality" scale adapted by Sevil<sup>(16)</sup> into Turkish was used to collect data related to quality of life.

### Personal information form

In this section, there were 6 questions about the personal information of the participants. These variables were; 1) age, 2) marital status, 3) education level, 4) welfare level, 5) frequency of participation in physical activity and 6) general health status.

### Life quality scale

To assess the quality of life of the research group, Life Quality Scale, consisting of 23 items and 5 sub-dimensions and developed by the World Health Organization (WHO), ("World Health Organization

Quality of Life (WHOQOL-BREF)" adapted 1998) adapted in Turkish by Sevil<sup>(16)</sup>, was used.

Sub-dimensions of the scale and the items included in the scale were: 1) physical quality, 2) psychological quality, 3) independence quality, 4) social quality and 5) environmental quality.

### Analysis of the data

Since the distribution of Skewness and Kurtosis values in the data were distributed between -1 and +1 (The kurtosis of the quality of life scale was 0.86 and the skewness value was 0.25), the data were analysed using parametric tests. Accordingly, a T-test was used for pairwise comparisons and the data were analysed with a One-way ANOVA test for multiple comparisons. The LSD test was used to determine which group favoured the difference. The Cronbach Alpha reliability coefficient of the scale was 89.

## Results

The results have been tabulated and reported as means±std. dev.

Table 1 reports the difference between the "physical quality" and "psychological quality" variables of the life quality scale according to the marital status which shows significant significance. The difference is in favour of women whose marital status is "single" for both the life quality scale variables.

Variables	Marital Status	N	X (ort)	Ss	P
Physical Quality	Married	233	3.26	0.53	.006
	Single	122	3.48	0.53	
Psychological Quality	Married	233	3.31	.066	.003
	Single	122	3.46	.048	

**Table 1:** T-test analysis of the Life Quality Scale's sub-dimensions according to Marital status variable.

In Table 2, the difference between the mean of women's age variable in "the physical quality" variable of the life quality scale is significant. Women aged between 18-26 seem to have greater physical quality values.

Variable	Age Group	N	X (ort)	Ss	P	LSD test
Physical Quality	(1)18-26	83	3.56	0.49		
	(2)27-35	103	3.22	0.48		1>2
	(3)36-44	97	3.36	0.55	.005	1>4
	(4)45-and above	72	3.12	0.52		

**Table 2:** Anova test analysis of the Life Quality Scale's sub dimensions according to age variable.

In Table 3 are reported the differences between the means of "independence quality" and "social quality" of the life quality scale according to the ed-

educational status variable of women, which is significant. The difference is in favour of the women who graduated from elementary school in the quality variable of independence, whereas it is in favour of the women who are university graduate according to the social quality variable.

Variable	Educational Status	N	X (ort)	Ss	P	LSD test
Independence Quality	(1)Elementary	70	3.65	0.44	.014	1>2 1>3 1>4
	(2)High school	137	3.29	0.47		
	(3)Two-year degree	54	3.20	0.49		
	(4)Bachelor's degree	94	3.34	0.46		
Social Quality	(1)Elementary	70	4.05	0.40	.024	4>2 4>3
	(2)High school	137	3.75	0.46		
	(3)Two-year degree	54	3.69	0.47		
	(4)Bachelor's degree	94	4.18	0.37		

**Table 3:** Anova test analysis of the Life Quality Scale's sub dimensions according to educational status variable.

In Table 4 we report the difference between the mean scores of women's exercise frequency in terms of physical quality, psychological quality, and environmental quality. There is a significant difference between groups, in particular women who exercise frequently express greater values for all three variables.

Variable	Frequency of exercise	N	X (ort)	Ss	P	LSD test
Physical Quality	(1)Frequently	68	3.79	0.43	.000	1>2,3,4 2>4 3>4
	(2)A few times a week	138	3.32	0.46		
	(3)A few times a month	77	3.35	0.45		
	(4)Never	72	2.85	0.52		
Psychological Quality	(1)Frequently	68	3.56	0.48	.021	1>2 1>4
	(2)A few times a week	138	3.28	0.46		
	(3)A few times a month	77	3.39	0.49		
	(4)Never	72	3.19	0.45		
Environmental Quality	(1)Frequently	68	3.73	0.43	.000	1>2,3,4 2>4 3>4
	(2)A few times a week	138	3.33	0.45		
	(3)A few times a month	77	3.36	0.47		
	(4)Never	72	2.89	0.51		

**Table 4:** Anova test analysis of the Life Quality Scale's sub dimensions according to frequency of exercise variable.

Variable	Level of feeling own health status	N	X (ort)	Ss	P	LSD test
Physical Quality	(1)Good	112	3.61	0.42	.000	1>2>3
	(2)Medium	147	3.18	0.45		
	(3)Bad	96	2.85	0.52		
Psychological Quality	(1)Good	112	3.55	0.40	.000	1>2>3
	(2)Medium	147	3.24	0.44		
	(3)Bad	96	3.00	0.49		
Independence Quality	(1)Good	112	3.58	0.41	.000	1>2>3
	(2)Medium	147	3.26	0.44		
	(3)Bad	96	2.98	0.50		
Social Quality	(1)Good	112	4.18	0.39	.006	1>2>3
	(2)Medium	147	3.78	0.42		
	(3)Bad	96	3.62	0.43		
Environmental Quality	(1)Good	112	3.56	0.41	.001	1>2>3
	(2)Medium	147	3.21	0.46		
	(3)Bad	96	2.91	0.51		

**Table 5:** Anova test analysis of the Life Quality Scale's sub dimensions according to the variable aimed at how women feel their own health status.

Table 5 reports the difference between “physical quality”, “psychological quality”, “independence quality”, “social quality” and “environmental quality” variables of the life quality scale. According to the variable women's levels of feeling the health status is significant. The difference is in favour of those who feel their health well for all three variables.

### Discussion and conclusion

Physical activity is an important type of activity that can improve the biomechanical activity of people and eliminate biochemical energy excess and prevent mental and physical depressions caused by stresses, over-nutrition and aesthetic losses<sup>(17, 18)</sup>. It was concluded that quality of life increased as physical activity level increased<sup>(19)</sup>. Regular exercise is also important for the protection of health and physical fitness and prevention and control of chronic diseases (high blood pressure, diabetes, osteoporosis, etc.) that may occur with aging<sup>(20)</sup>.

In our study, the life quality of women between the ages of 18-26 is higher compared to other age groups. Likewise, Var<sup>(21)</sup> concluded that young women had higher life satisfaction. Other reasons are related to physical factors such as being fit, having a proper body, relieving stress, removing extra weight and delaying aging. Spink emphasized the importance of having a fit and vigorous body by exercising by expressing that the anxiety about the person's appearance affects his/her participation in the exercise and the choice of exercise type<sup>(22, 23)</sup>.

Hagger et al.<sup>(24)</sup> stated that the desire to have a proper body structure plays an important role in participation in physical activity. In addition, in our study, it has been seen that women attach importance to health status and physical appearance. Ünsal and Ramazanoğlu<sup>(25)</sup> as a result of their work, concluded that women with higher welfare gave more importance to physical activity. Porto et al.<sup>(26)</sup> investigated the relationship between physical activity and perceived quality of life in Brazilian old people. There was no difference between the perceived quality of life between women and men, and it was found that quality of life was related to education and income level and secondly to physical activity. Similarly, in our study, it was seen that women with good welfare had higher quality of life. The reason for this was thought to be due to the better affordance of social needs in societies with higher economic level. Accordingly, the communication established by women with their environment affects quality of life. It has

been seen that individual relations, relationship between friends and support received from the close environment have a positive effect on quality of life. There are similar studies supporting this finding in the literature<sup>(27-30)</sup>.

According to different studies, physical activity levels of males are higher than females. However, Yildirim et al.<sup>(31)</sup> found in their study that women are significantly more active than men. The reason for this result has been thought to be due to the fact that women are more involved in business and social life and the increasing use of social media<sup>(7-19)</sup>. As a result, it was found that the life quality of the women with good welfare level was higher and the quality of life increased as physical activity level increased.

In conclusion, welfare, instruction and health status are all factors related to physical activity levels. Higher quality of life has been determined to increase the levels of physical activity in women aged between 36 and 44 years of age, married and possessing a university degree.

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